



### New Client/Patient Form

Date: \_\_\_\_\_ (MM/DD/YYYY)

**OWNER/Client Info:**

Owner's Full Name: \_\_\_\_\_

Other Owner's Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Communication Method:  Call  Text  Email  Postal Mail

**Emergency Contact Name and Number:** \_\_\_\_\_

Person(s) Who May Authorize Care: \_\_\_\_\_

Person(s) Authorized to Pick Up: \_\_\_\_\_

**PET/Patient Info:**

Pet's Name: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Coat Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Spay/Neuter: \_\_\_\_\_

Weight: \_\_\_\_\_

**Medical Conditions/Allergies:** \_\_\_\_\_

**Special Instructions/Comments:**

**Current Medications:**

Heartworm Medication: \_\_\_\_\_ Date of Last Dose: \_\_\_\_\_

Flea and/or Tick Medication: \_\_\_\_\_ Date of Last Dose: \_\_\_\_\_

My pet is currently on monthly heartworm and flea products and has not missed a dose.

Yes  No  If NO please explain: \_\_\_\_\_

Other Medications: \_\_\_\_\_

**Diet:**

Current Diet: \_\_\_\_\_ Amount Fed Daily: \_\_\_\_\_

Special Dietary Considerations: \_\_\_\_\_

**Please let us know how you found out about our clinic:** \_\_\_\_\_

If you were referred, please list their name so we may thank them: \_\_\_\_\_

**Previous Veterinary Care:**

If applicable, please provide our staff with a complete record from any previous veterinary clinic(s) to ensure we have all relevant records pertaining to your pet's health. Veterinary Contact:

\_\_\_\_\_



**Emergency Care:**

I understand that the staff will work diligently to minimize the risk to my pet in all situations, but the staff cannot prevent all adverse reactions, side effects, or other unforeseen complications. **If the staff cannot contact/reach an authorized owner or representative in the case of emergency, I would like Long Meadow Veterinary Clinic and its staff to perform and hold me financially responsible for the following care:**

- Everything possible, including extreme measures, until I can be contacted
- Minimal life saving treatments until I can be contacted
- Nothing until I can be contacted (NO ER CARE UNTIL CONTACT - loss of life is possible)

**Long Meadow Veterinary Clinic Policies:**

We strive to provide a healthy environment for all of our patients. To achieve this we have the following policies for pets that will be staying in our clinic as a drop-off or for testing/treatment:

- Your pet will be walked a minimum of 3-4 times/day unless otherwise requested.
- Your pet will be fed a diet based on the attending veterinarian's recommendation 2 times/day unless otherwise requested or medically necessary for care.
- Your pet must be current on their core vaccines, heartworm prevention (only required for dogs), and fecal test as recommended by the attending veterinarian to protect their health and the health of our other patients.
- If your pet is found to have any fleas, ticks, or intestinal parasites, they will be treated during their visit at your expense to protect their health and the health of our other patients.
- Puppies and kittens who are up to date on their vaccinations may be dropped off or stay for treatment, but we discourage this due to their immature immune system. Until they finish ALL of their puppy/kitten vaccines (typically around 16 weeks of age) they do not have the full protection from diseases that can be spread between animals. If they are dropped off they will be kept isolated, to the extent possible, from other pets.

We strongly recommend that you do not leave any personal belongings with your pet during their stay. We will ensure your pet has plenty of bedding/toys during their care. We will do our best to keep track of any personal belongings left with your pet, but we cannot be held accountable for their safekeeping or return.

**If you ever have any questions regarding your pet's care please do not hesitate to ask any of our staff members. It is our privilege to care for your pet and keep you informed.**

I understand payment in full is due at the time services are rendered. I agree to be financially responsible for the services rendered during my pet's visit(s).

I have read and fully understand the terms and conditions set forth above.

**Owner's Printed Name:** \_\_\_\_\_

**Owner's Signature and Date** \_\_\_\_\_  
Signature Date